

**CONSENT FOR ACCESS TO PROPERTY**

Property Owner(s)

Renee Junior Casiano Figueroa

Property Description

Case 2 4J2
Cabo Rojo, PR

I (We) am (are) the owners(s) of the property described above. I understand that the United States Environmental Protection Agency ("EPA") is conducting a removal investigation, assessment, remediation, and action on my property pursuant to its response and enforcement responsibilities under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended ("CERCLA"), 42 U.S.C. §§ 9601-9675.

I hereby consent to allow officers, employees, and authorized representatives of EPA to enter and have continued access to my property in order to perform any and all removal activities, involving the excavation of surface and subsurface soil samples from my (our) exterior property. I understand that such representatives may include contractors and/or subcontractors hired by EPA. In addition, I understand that representatives may be from other federal and state agencies and their agents. I understand and agree that the above-mentioned representatives will be free to enter upon my property at all reasonable times.

I further consent to EPA releasing to the public any analytical results of any samples that EPA and its representative's collect or have collected on my property, as identified by my address.

I recognize that performance of such actions may require some disturbances to the property and EPA will minimize any disturbances as much as possible. Areas of disturbance will be restored to prior conditions by EPA.

I understand that EPA requires its contractors to maintain comprehensive vehicle liability insurance, and comprehensive general liability insurance for bodily injury, death, and loss or damage to property or third persons, arising from the activities of its contractors. I further understand that insurance should be maintained at all times that EPA's contractors are conducting activities on my property.

This written permission is give by me voluntarily and without threats or promises of any kind. By my signature I also acknowledge that I am fully authorized to grant such access.

By:

Name

Date

Title (if applicable)

Organization (if applicable)

(Removal)